

2- deburr rough edges



SL 12-07-23

4

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

# Work Order ID 87307

July-13-12 11:49:56 AM

**\*87307\***

Page 2

Item ID: D4293-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Fitting

Start Date: 7/10/12

Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 8/17/12

Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start **\*NR1\***

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

SL 12-07-23

**\*120\***

QC

Memo

0.00

Quality Control

121

0.00

**\*121\***

Mill Conv

Memo

0.00

SA 12-7-26

Conventional Milling Machine

DRILL & TAP FOR HELICOIL AS PER DWG

122

QC2- Inspect parts off machine FAI/FAIB

0.00

**\*122\***

QC

Memo

0.00

SA 12-7-26

Quality Control

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Work Order ID 87307

**\*87307\***

Page 3

July-13-12 11:49:56 AM

Item ID: D4293-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Fitting

Start Date: 7/10/12 Start Qty: 4.00 **\*4\***

Cust Item ID:

Required Date: 8/17/12 Req'd Qty: 4.00 **\*4\***

Customer:

Reference:

Run Start **\*NR1\***

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130 QC8- Inspect parts - second check

0.00

**\*130\***

QC

Memo

0.00

Quality Control

140 Chemical Conversion Coat per QSI005 4.1

0.00

**\*140\***

HandFinish

Memo

0.00

Hand Finishing

145 White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum

0.00

**\*145\***

Powdercoat

Memo

0.00

Powder Coating

MASK THREADED HOLE

W121841

Start Time: 10:45 4X ✓ M-F 12/07/30  
Temp: 320°F  
Finish Time: 11:15

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Skid-tube <input type="checkbox"/></td> <td style="width:25%;">Crosstube <input type="checkbox"/></td> <td style="width:25%;">Water Jet <input type="checkbox"/></td> <td style="width:25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>																								
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# Work Order ID 87307

\*87307\*

Page 4

July-13-12 11:49:56 AM

Item ID: D4293-1

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Fitting

Start Date: 7/10/12

Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 8/17/12

Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Run Start \*NR1\*

Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop \*NR2\*

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

146

QC3- Inspect Part Finish

0.00

\*146\*

QC

Memo

0.00

Quality Control

4x 7 11/07/12

148

0.00

\*148\*

Small Fab

Memo

0.00

Small Fab

INSTAL HELICOIL AS PER DWG

4x 12/07/12

149

QC5- Inspect part completeness to step on W/O

0.00

\*149\*

QC

Memo

0.00

Quality Control

DAS 16 9-83 17/07/12

4x

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
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Setup <input type="checkbox"/>											
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# Work Order ID 87307

\*87307\*

Page 5

July-13-12 11:49:56 AM

Item ID: D4293-1

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Fitting

Start Date: 7/10/12 Start Qty: 4.00 \*4\*

Cust Item ID:

Required Date: 8/17/12 Req'd Qty: 4.00 \*4\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	Identify as per dwg & Stock Location: _____	0.00				(4)		12/7/31 SP	
*180*									
Packaging	Memo	0.00							
Packaging									
190	QC21- Final Inspection - Work Order Release	0.00							
*190*									
QC	Memo	0.00							
Quality Control									

MW 12/07/31

MW 12/07/31

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
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# Picklist Print

July-13-12 11:49:56 AM

Page 1

Work Order ID: 87307

Parent Item: D4293-1

Parent Item Name: Fitting

Start Date: 7/10/12

Required Date: 8/17/12

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE 10-11-15 JLM VERIFIED BY:DD  
02-15 JLM VERIFIED BY:DD

IPP REV B: AS PER REV B 11-

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MS21209F1-10 HELI COIL		Purchased	No				Each	42.0000		4		7/12/07/31	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST304		42							
				116977		42							
M7075T73B4.000x4.000 7075-T73 Bar 4.0 x 4.0		Purchased	No				t	26.4465		2.4			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				MAT001		13.5305							
				118201		1.4055							
				122313		12.125							
				MAT005		12.916							
				116153		0.75							
				116867		0.041							
				121842		12.125							

M122469 (4K)

2.185

PD 12/07/20

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	873.07
<b>Description: Fitting</b>		<b>Part Number:</b>	D4293-1
<b>Inspection Dwg: D4293</b>	<b>Rev: C</b>	<b>Page 1 of 2</b>	

### FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.305	+0.030/-0.010	308	/		mic	SI-4
R0.063	+/-0.010	.063	/			
0.125	+0.030/-0.010	.126	/		vern	SI-10
0.88	+/-0.030	.883	/			
0.500	+/-0.010	.500	/			
0.82	+/-0.030	.830	/			
0.39	+/-0.030	.393	/			
0.088	+/-0.010	.094	/			
0.625	+/-0.010	.621	/			
1.730	+/-0.010	1.729	/			
0.800	+/-0.010	.800	/			
0.275	+/-0.010	.277	/			
1.13	+/-0.030	1.119	/			
3.11	+/-0.030	3.111	/			
3.44	+/-0.030	3.440	/			
2.450	+/-0.010	2.450	/			
1.325	+/-0.010	1.326	/			
0.305	+/-0.010	.303	/			
2.84	+/-0.030	2.84	/			
5.86	+/-0.030	5.864	/			
6.52	+/-0.030	6.525	/			
0.19	+/-0.030	.190	/			
Ø0.272	+0.006/-0.001	.272	/			
Ø0.323	+0.006/-0.001	.323	/			
1.75	+/-0.030	1.754	/			
R0.25	+/-0.030	.25	/			
4.875	+/-0.010	4.875	/			
0.493	+/-0.010	.493	/			
Ø0.201	+0.005/-0.001	Ø.202	/		RA26	vern
0.800 deep	+/-0.010	.800	/		"	
CSK Ø0.320 x 100°	+/-0.010	Ø.320 x 100°	/		RA26	vern
0.663	+/-0.010	.660	/		"	
C-bore Ø0.765	+/-0.010	.765	/			
6.20	+/-0.030	6.20	/			
R0.13	+/-0.030	.13	/			
1.125	+/-0.010	1.127	/		RA26	vern
Ø0.381	+0.000/-0.001	.3805	/		RA26	vern

<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	87307
<b>Description:</b> Fitting		<b>Part Number:</b>	D4293-1
<b>Inspection Dwg:</b> D4293 <b>Rev:</b> C		<b>Page 2 of 2</b>	

### FIRST ARTICLE INSPECTION CHECKLIST

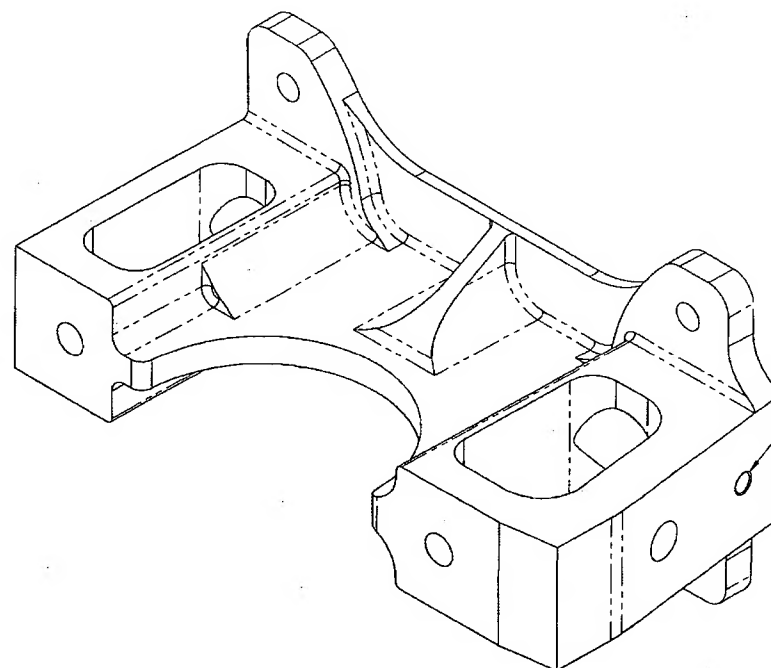
Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
1.388	+/-0.010	1.390	✓		RA26	Rem
R0.031	+/-0.010	0.031	✓			
4.500	+/-0.010	4.500	✓			
R1.370	+/-0.010	1.370	✓			
2.250	+/-0.010	2.250	✓			
0.680	+/-0.010	0.682	✓			
1.65	+/-0.030	1.660	✓			
1.42	+/-0.030	1.420	✓			

<b>Measured by:</b>	SL [Signature]	<b>Audited by:</b>	DA [Signature] 14	<b>Preliminary Approval:</b>	
<b>Date:</b>	12-07-22	<b>Date:</b>	12/07/26	<b>Date:</b>	

Rev	Date	Change	Revised by	Approved
A	11.07.26	New Issue	KJ [Signature]	[Signature]

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WITHOUT NOTICE  
WORK ORDER  
NO. 87307 MCL5

12/07/13



MS21209F1-10 HELICAL COIL, 1X  
REF

GRAIN  
DIRECTION

**D4293-1 FITTING**

**RELEASED**  
2011-02-01  
AS

**NOTES:**

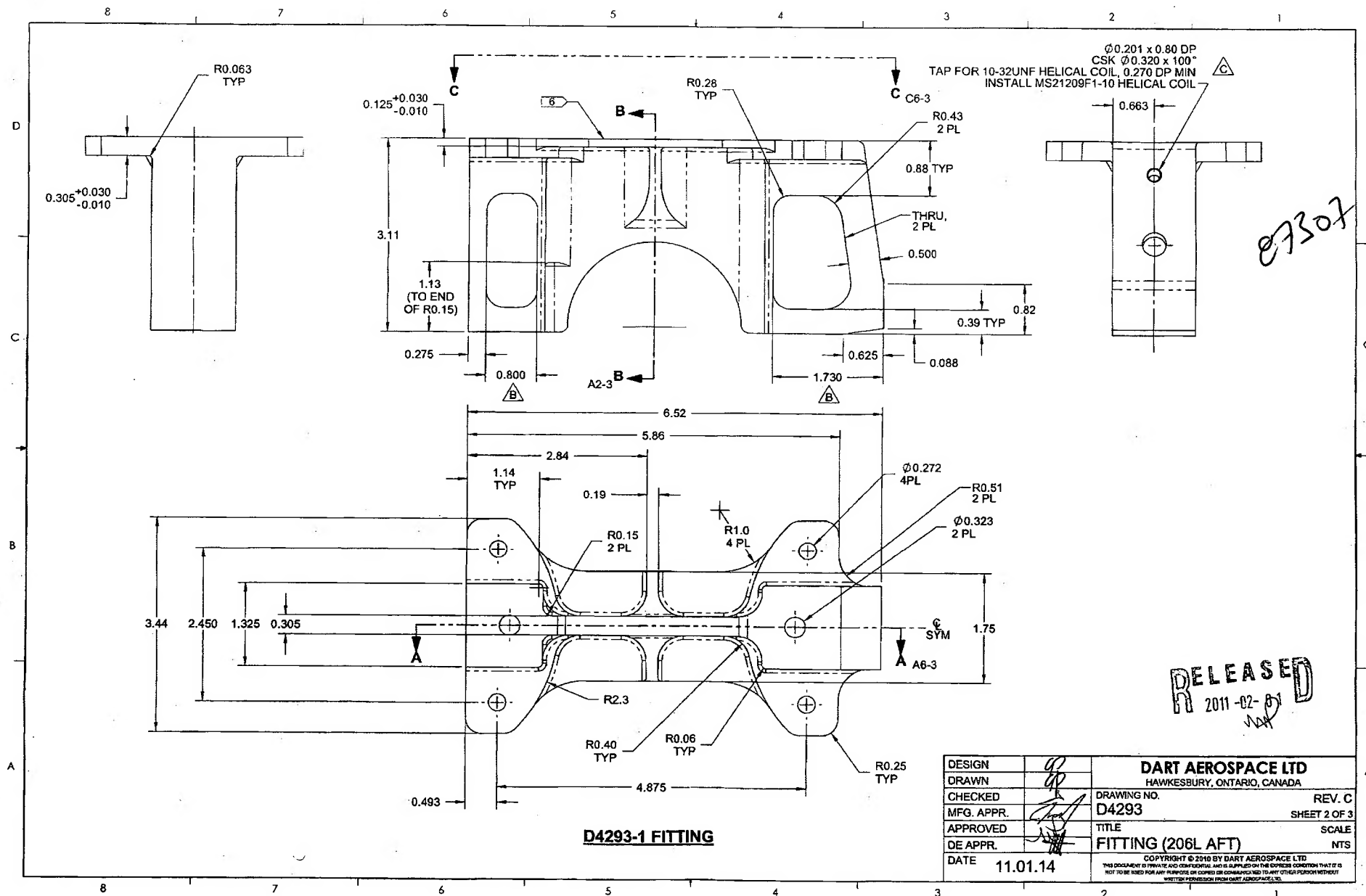
- 1) MATERIAL: 7075-T73/-T7351/-T73510/-T73511 BAR  
PER AMS-QQ-A-200/11 OR AMS-QQ-A-225/9 (AMS 4124) OR AMS-QQ-A-250/12 (AMS 4078)  
REF DART SPEC. M7075T73B
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT "WHITE" (4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: P/N "D4293-1" AND B/N PER DART QSI 044 6.1
- 7) WEIGHT: 1.18 lbs

C	ADD HELICAL COIL (D1-2, B4-3)	CP	11.01.14
B	0.800 WAS 0.78 (C8-2), 1.730 WAS 1.72 (C4-2)	CP	10.11.30
A	NEW ISSUE	CP	10.11.09
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.01.14		

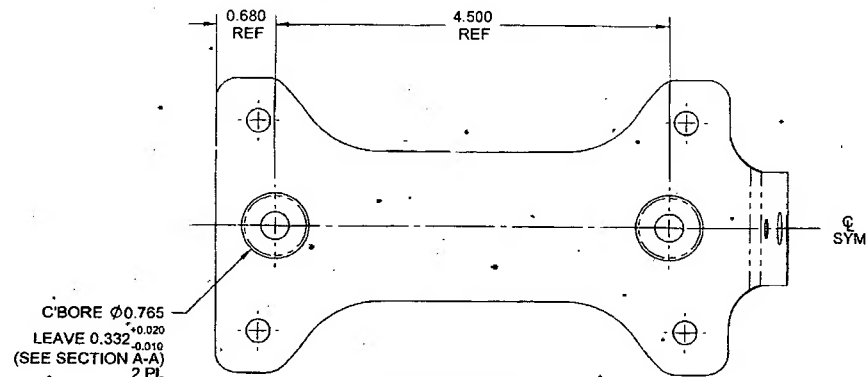
  

<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA		REV. C
DRAWING NO.	<b>D4293</b>	SHEET 1 OF 3
TITLE	<b>FITTING (206L AFT)</b>	SCALE
		NTS

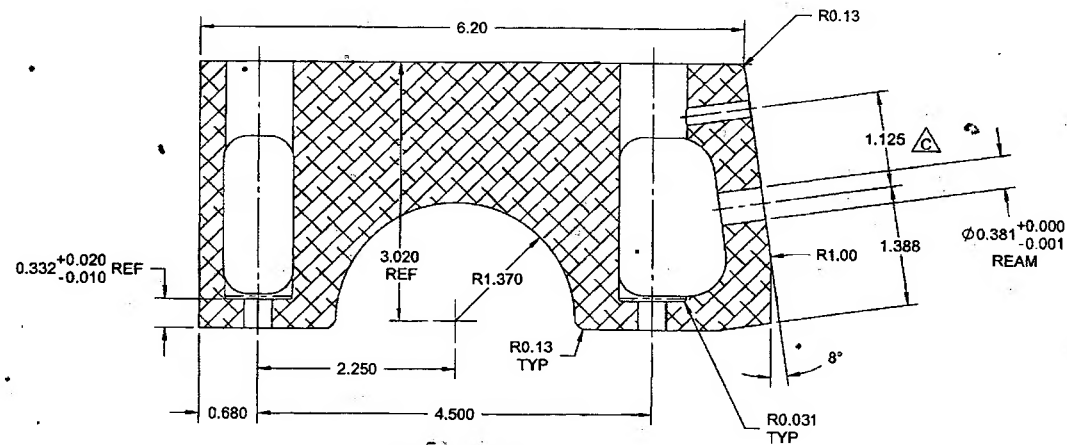
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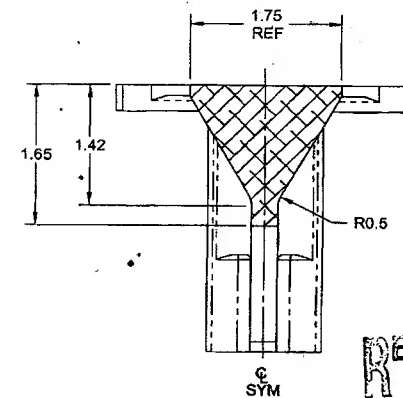




**SECTION C-C** D3-2



**SECTION A-A** A3-2



**SECTION B-B** C5-2

DESIGN		<b>DART AEROSPACE LTD</b>	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO. <b>D4293</b>	REV. C
MFG. APPR.		TITLE	SHEET 3 OF 3
APPROVED		<b>FITTING (206L AFT)</b>	SCALE
DE APPR.			NTS
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2011-02-14

27307

